

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 1

For Official Use Only

Statement covers period
from 07-01-2005
through 12-31-2005

Date of election if applicable:
(Month, Day, Year)

06-06-2006

JAN 26 2006

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

961967

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Mike Carona

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Lesley Ann Stoll

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01-19-2006

Executed on 1-25-06

Executed on

Executed on

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 17

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael S. Carona

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sheriff-Coroner, Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

Statement covers period from 07-01-2005 through 12-31-2005	CALIFORNIA FORM 460
Page 3 of 17	I.D. NUMBER 961967

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 27,200.00	\$ 144,628.77
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 27,200.00	\$ 144,628.77
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	863.05
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 27,200.00	\$ 145,491.82

Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 97,132.23	\$ 120,897.96
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 97,132.23	\$ 120,897.96
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(17,588.57)	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	863.05
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 79,543.66	\$ 121,761.01

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 412,192.64
13. Cash Receipts	Column A, Line 3 above	27,200.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	1,056.52
15. Cash Payments	Column A, Line 8 above	97,132.23
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 343,316.93

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
------------------------------------	--------------------	---------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
1/1	\$
1/1	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 07-01-2005
through 12-31-2005

CALIFORNIA
FORM **460**

Page 4 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

I.D. NUMBER

961967

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 27,100.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 100.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 27,200.00**

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Rec'd

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460

Page 5 of 17

NAME OF FILER					I. D. NUMBER	
Friends of Mike Carona					961967	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
07-08-05	Arnel Development Company [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$1,000	\$1,000	\$1,000
09-07-05	Janet Barnett [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$1,500	\$1,500	\$1,500
11-20-05	David Lawrence Belz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed attorney	\$300	\$300	\$300
08-04-05	Joseph Real Brown [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Midland Management Group	\$100	\$100	\$100
08-31-05	R. L. Brown [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Planner, Tax & Financial Group	\$1,500	\$1,500	\$1,500
08-01-05	Michael Duvall [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Insurance Agent	\$100	\$100	\$100
09-12-05	William Eldien [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Nolet Spirits USA	\$1,500	\$1,500	\$1,500
08-15-05	Dennis Hamann [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO, Youngs Market Company	\$1,500	\$1,500	\$1,500
SUBTOTAL \$				\$7,500		

Schedule A (Continuation Sheet)
Monetary Contributions Rec'd

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460

Page 6 of 17

NAME OF FILER					I. D. NUMBER	
Friends of Mike Carona					961967	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09-30-05	Keena Communications [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	\$1,500	\$1,500	\$1,500
07-11-05	James McPartland [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur	\$100	\$100	\$100
09-12-05	George O'Connell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, O'Connell Landscape	\$1,500	\$1,500	\$1,500
09-08-05	Richard Pola & Associates, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$1,500	\$1,500	\$1,500
09-08-05	Lisa Pola [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO, Richard Pola & Associates, Inc.	\$1,500	\$1,500	\$1,500
08-05-05	Donald Robbins [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer, Young's Market Company	\$1,500	\$1,500	\$1,500
10-06-05	Steven Roy [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President, Golf Course Solutions, Inc.	\$1,500	\$1,500	\$1,500
09-28-05	Seabreeze Management Company, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	\$1,500	\$1,500	\$1,500
SUBTOTAL \$				\$10,600		

Schedule A (Continuation Sheet)
Monetary Contributions Rec'd

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460

Page 7 of 17

NAME OF FILER						I. D. NUMBER
Friends of Mike Carona						961967
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
08-15-05	Carol Shiebel [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$1,500	\$1,500	\$1,500
09-07-05	SportsCards Plus, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$1,500	\$1,500	\$1,500
10-01-05	James Thomas [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1,500	\$1,500	\$1,500
09-05-05	Christopher Underwood [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP, Young's Market Company	\$1,500	\$1,500	\$1,500
09-12-05	Jeffrey Underwood [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr. VP, Sales, Young's Market Company	\$1,500	\$1,500	\$1,500
08-15-05	Vernon Underwood [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Young's Market Company	\$1,500	\$1,500	\$1,500
SUBTOTAL \$				\$9,000		

NAME OF FILER

Statement covers period
from 07-01-2005
through 12-31-2005

CALIFORNIA FORM 460

Page 8 of 17

I.D. NUMBER

961967

Friends of Mike Carona

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

LIT campaign literature and mailings

PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>96,488.98</u>
2. Unitemized payments made this period of under \$100	\$	<u>683.25</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>97,132.23</u>

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460

Page 9 of 17

NAME OF FILER			I. D. NUMBER
Friends of Mike Carona			961967
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T [REDACTED] [REDACTED]	OFC		\$169.73
Axin Financial Cardservice International [REDACTED] [REDACTED]	OFC		\$225.00
Bahia Corinthian Yacht Club [REDACTED] [REDACTED]	CVC		\$106.00
Bead Factory, Inc. [REDACTED] [REDACTED]		coffee mugs	\$260.00
California Voter Guide [REDACTED] [REDACTED]		slate deposit (ID# 595-004)	\$1,000.00
Capital Campaigns [REDACTED] [REDACTED]	CNS		\$7,500.00
Michael Carona [REDACTED] [REDACTED]		officeholder expenses	\$13,342.43
Cingular Wireless [REDACTED] [REDACTED]	OFC		\$794.35
College Republicans at UCI [REDACTED] [REDACTED]	CVC		\$100.00
SUBTOTAL \$			\$23,497.51

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460

Page 0 of 17

NAME OF FILER			I. D. NUMBER
Friends of Mike Carona			961967
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Comite Fiestas Patrias de Orange County [REDACTED]	CVC		\$1,000.00
County of Orange [REDACTED]	OFC		\$820.26
Elections Committee of Orange County (ECCO) [REDACTED]	CVC	ID# 822380	\$1,800.00
Framers Workshop [REDACTED]	OFC		\$269.38
Joyful Child Foundation [REDACTED]	CVC		\$2,500.00
Lauren Hood [REDACTED]	PRO		\$1,050.00
Learning for Life [REDACTED]	CVC		\$1,000.00
Lewis Consulting Group, LLC [REDACTED]	CNS		\$20,000.00
Mottra Corporation [REDACTED]	RFD		\$1,500.00
Orange County Congregation Community Organization (OCCCO) [REDACTED]	CVC		\$100.00
SUBTOTAL \$			\$30,039.64

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460

Page 11 of 17

NAME OF FILER			I. D. NUMBER
Friends of Mike Carona			961967
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Parents Voter Guide [REDACTED]		slate deposit (ID# 1226502)	\$1,000.00
Raise Foundation [REDACTED]	CVC		\$2,000.00
Republican Party of Orange County [REDACTED]	CVC		\$20,000.00
Rick Rizzolo [REDACTED]	RFD		\$1,500.00
SBC California Payment Center [REDACTED]	OFC		\$517.47
Steinberg and Associates, Inc. [REDACTED]	POL		\$1,000.00
Sunburst Plaques [REDACTED]	OFC		\$136.56
The Early Voter [REDACTED]		slate deposit (ID# 1264931)	\$1,000.00
The Ritz Restaurant [REDACTED]	FND		\$10,000.00
The Salvation Army [REDACTED]	CVC		\$100.00
		SUBTOTAL \$	\$37,254.03

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period
 from 07/01/2005
 through 12/31/2005

Form 460
 Page 12 of 17

NAME OF FILER			I. D. NUMBER
Friends of Mike Carona			961967
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
United Labor Agency of Orange County ██ ██	CVC		\$200.00
Elaine Vasquez ██ ██	OFC & TRS		\$516.04
Verizon Wireless ██ ██	OFC		\$731.76
Visteva ██ ██	WEB		\$210.00
WPO of Southern California ██ ██	CVC		\$4,000.00
		SUBTOTAL \$	\$5,657.80

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07-01-2005
through 12-31-2005

CALIFORNIA FORM 460

Page 13 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

I.D. NUMBER

961967

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$		\$	\$	\$	\$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- | | |
|--|--|
| <p>1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)</p> | <p>INCURRED TOTALS \$ 0.00</p> |
| <p>2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)</p> | <p>PAID TOTALS \$ 17,588.57</p> |
| <p>3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)</p> | <p>NET \$ (17,588.57)</p> |
- May be a negative number

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460
Page 14 of 17

NAME OF FILER					I. D. NUMBER
Friends of Mike Carona					961967
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Michael Carona [REDACTED]	officeholder expenses	\$2,302.62	\$0.00	\$2,302.62	\$0.00
Cingular Wireless [REDACTED]	OFC	\$113.60	\$0.00	\$113.60	\$0.00
Lewis Consulting Group, LLC [REDACTED]	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00
SBC California Payment Center [REDACTED]	OFC	\$102.35	\$0.00	\$102.35	\$0.00
The Ritz Restaurant [REDACTED]	FND	\$10,000.00	\$0.00	\$10,000.00	\$0.00
	SUBTOTAL \$	\$17,518.57	\$0.00	\$17,518.57	\$0.00

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Statement covers period
from 07/01/2005
through 12/31/2005

Form 460
Page 15 of 17

NAME OF FILER			I. D. NUMBER
Friends of Mike Carona			961967
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Mike Carona			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Antonello's [REDACTED] [REDACTED]	TRS		\$3,467.02
The Ritz Restaurant [REDACTED] [REDACTED]	FND		\$800.46
South Coast Plaza [REDACTED] [REDACTED]		staff holiday gifts	\$875.00
WPO of Southern California [REDACTED] [REDACTED]	CVC		\$3,040.00
		TOTAL \$	\$8,182.48

Schedule G**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)****Statement covers period
from 07/01/2005
through 12/31/2005****Form 460**Page 16 of 17

NAME OF FILER			I. D. NUMBER
Friends of Mike Carona			961967
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Elaine Vasquez			
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Antonello's [REDACTED] [REDACTED]	TRS		\$431.96
		TOTAL \$	\$431.96

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 07-01-2005
through 12-31-2005

CALIFORNIA
FORM 460

Page 17 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

I.D. NUMBER

961967

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
12-31-2005	U. S. Bank [REDACTED] [REDACTED]	interest	1,056.52

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,056.52

Schedule I Summary

- Itemized increases to cash this period. \$ 1,056.52
- Unitemized increases to cash of under \$100 this period. \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 1,056.52